

ISSUE CLASSIFICATION	
Class	Subclass

FILED UNDER 35 U.S.C. 371

PATENT NUMBER _____

U.S. UTILITY Patent Application

O.I.P.E.

PATENT DATE

SCANNED

Q.A

APPLICATION NO. 09/869564	CONT/PRIOR D F	CLASS 500	SUBCLASS	ART UNIT 3737	EXAMINER
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APPLICANTS

TITLE

Wound healing and orofacial clefting

PTO-2040
12/99

ISSUING CLASSIFICATION

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<input type="checkbox"/> TERMINAL DISCLAIMER	DRAWINGS			CLAIMS ALLOWED	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner) (Date)			NOTICE OF ALLOWANCE MAILED 	
<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent. No. _____ _____ _____	_____ (Primary Examiner) (Date)			ISSUE FEE	
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